5ED9/926213 FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. IND. IND. DEP. DEP. IND. DER IND. 55 A D L ı ŧ ı ŧ f Ŧ. AVAILABLE COPY ı 88. TOTAL Ţ TOTAL IND. TOTAL DEP. TOTAL DEP. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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